

FORM DS-20 2-10-47	DEPARTMENT OF STATE	DATE 12/30/55
REFERENCE SLIP		
TO: CIA - Mr. 		
<div style="text-align: right; font-family: cursive; font-size: 1.5em; margin-right: 20px;"> <i>gpd</i> </div>		
<div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>ADVISE</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>APPROVE & RETURN</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>AS YOU REQUESTED</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>ATTACH FILE</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>ATTENTION</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>COMMENT & RETURN</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>CONSIDER</div> </div> <div style="display: flex; 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flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>NOTE & DESTROY</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>NOTE & FILE</div> </div>	<div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>NOTE & FORWARD</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>NOTE & RETURN</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>PER TELEPHONE TALK</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>PREVIOUS CORRESPOND.</div> </div> <div style="display: flex; flex-direction: row-reverse;"> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>PRIORITY ACTION</div> </div> <div style="display: flex; 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REMARKS: The attached is forwarded per our conversation for use in drafting a rebuttal to the Yeagley paper for consideration by the ad hoc committee.		
FROM OSS/DC - 		

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GPO 83-020480